

FILED JUL 29 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NO. 68 0028426

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 176DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Odessa GREEN</u>			2. <u>Female</u>	3. <u>July 23, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>White</u>		5a. <u>74</u>	5b.	5c.	6. <u>2/3/1894</u>	
CITY, TOWN, OR LOCATION OF DEATH			7a. <u>HENRY</u>			
7b. <u>CLINTON</u>			7c. <u>yes</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		7d. <u>Wetzel Osteopathic Hospital</u>	
8. <u>Missouri</u>			9. <u>U.S.A.</u>		10. <u>Widowed</u>	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		11. <u>None</u>	
12. <u>1538</u>			13a. <u>Housewife</u>		13b. <u>Home</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Clinton</u>		14d. <u>yes</u>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>UNKNOWN</u>			16. <u>UNKNOWN</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>George Green</u>			17b. <u>611 West Grandriver Clinton, Mo.</u>			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18.			(a) <u>Severe Debilitation + Inanition</u>			<u>Mo.</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST			(b) <u>Metastatic Adenocarcinoma</u>			<u>Mo.</u>
			(c) <u>Primary Adenocarcinoma, Colon</u>			<u>Mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19. <u>Mo.</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
21a.		21b.		21c.		21d.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED (HOUR)
21a. <u>1-12-68</u>		21b. <u>7-23-68</u>	21c. <u>7 23 68</u>	21d. <u>Did</u>	21e. <u>7:50 P</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a.			22b.		22c.	
CERTIFIER (NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OF TITLE	
23a. <u>Clinton L. Glaspie, MD.</u>			23b. <u>Clinton L. Glaspie, MD.</u>		23c. <u>7-26-68</u>	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP	
23a.			23b. <u>105 E. Ohio</u>		23c. <u>Clinton, Mo. 64735</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. <u>Burial</u>		24b. <u>Englewood Cemetery</u>		24c. <u>Clinton Henry Missouri</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24a. <u>July 27, 1968</u>		24b. <u>Re-Nichols Chapels Box 428 Clinton, Missouri</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>R.F. Nichols Chapels</u>		25b. <u>Mildred Begum</u>		25c. <u>July 26-68</u>		

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1

10a. 74

10b. 2

11. 0

12. 2

13. 1538

14. 9

15. 6.0425

16.

17.

18. 2

19. CREDITS

20. 1-0

10-3-68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R.E. Nichols

Licensed Embalmer No. 4997
P. O. Address Clinton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit obtained

7-26-68

10/13